

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000071607

FILED
Apr 21, 2003
Secretary of State

Entity Name: AMERICAN MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

3070 WINDWARD PLAZA, STE F-345
ALPHARETTA, GA 30005 US

New Principal Place of Business:

Current Mailing Address:

3070 WINDWARD PLAZA, STE F-345
ALPHARETTA, GA 30005 US

New Mailing Address:

FEI Number: 58-2129318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRELL, DAVID E
Address: 3070 WINDWARD PLAZA STE F-345
City-St-Zip: ALPHARETTA, GA 30005

Title: S () Delete
Name: ZYLSTRA, LAURA
Address: 3070 WINDWARD PLAZA STE F-345
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO (X) Delete
Name: SHERRILL, HARK
Address: 1071 KELTON AVE
City-St-Zip: OCOEE, FL 34761

Title: VP (X) Delete
Name: PANOZZI, DONALD
Address: 1091 KELTON AVE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MORRELL, DAVID E
Address: 3070 WINDWARD PLAZA STE F-345
City-St-Zip: ALPHARETTA, GA 30005

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. MORRELL

DP

04/21/2003

Electronic Signature of Signing Officer or Director

Date